

QUARTERLY TRANSMITTAL

Public Schools and CoOps

1400 West Third, Little Rock, AR 72201 Phone (501) 682-1517 or (800) 666-2877 Fax (501) 683-1210 Website - http://www.artrs.gov

Employer Name	Employer #	Quarter Ending Date
Contact Person for Reconciliation	Phone #	Employer E-Mail
CONTRIBUTORY PLAN		
1.	2.	3.
Regular Contributory Salary	Federal Contributory Salary	3. Total Regular & Federal Cont. Salaries
NON-CONTRIBUTORY PLAN		
4	5	6
4. Regular Non - Cont.Salary	5. Federal Non-Cont. Salary	6. Total Regular & Federal Non-Cont. Salaries
TOTAL CONTRIBUTORY AND 7.	NON-CONTRIBUTORY PLAN 8.	9.
Total Regular Cont. &	Total Federal Cont. &	9. Total Regular & Federal Cont. &
Non-Cont. Salaries (1 + 4)	Non-Cont. Salaries $(2+5)$	Non-Cont. Salaries (3 + 6)
10. Regular 6% Contributions (1 X 6%) EMPLOYER 14% EMPLOYER (Federal 6% Contributions (2 X 6%) CONTRIBUTIONS	12. Total Regular & Federal Contributions Amount should match #17. Indicate difference in "Notes" section
13.	14	15.
Total Regular Employer Contributions (7 X 14%)	Total Federal Employer Contributions (8 X 14%)	Total Employer Contributions Due Amount should match #18. Indicate difference in "Notes" section
MONTHLY AMOUNTS I	REMITTED FOR THIS QUARTER]
MONTH EMPLOYEE 6 %	EMPLOYER 14%	Notes:
TOTALS 17.		Submitted by:

A copy of your APSCN Short Report MUST be attached to this form & submitted electronically. Remember to Enter these totals in the web portal.